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OCT 04 2005

SUPERIOR COURT
BETTY J. GOULD
THURSTON COUNTY CLERK

1 EXPEDITE
2 Hearing is Set
3 Date:
4 Time:
5 Judge Richard A. Strophy
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STATE OF WASHINGTON
THURSTON COUNTY SUPERIOR COURT

9 MIKE KREIDLER,
10 INSURANCE COMMISSIONER,

No. 03-2-00401-1

Petitioner,

v.

FIFTH REPORT OF RECEIVER

11 WASHINGTON CASUALTY
12 COMPANY,

13 Respondent.
14

15 Mike Kreidler, Insurance Commissioner of the State of Washington and
16 Statutory Receiver of Washington Casualty Company in Rehabilitation ("WCC" or the
17 "Company"), James T. Odiome, Deputy Insurance Commissioner and Court-appointed
18 Receiver of WCC, and John B. Woodall, Special Deputy Insurance Commissioner and
19 Court-appointed Deputy Receiver of WCC, by and through their attorneys, Rob
20 McKenna, Attorney General, and Christina Gerstung Beusch, Assistant Attorney
21 General, hereby submit the Fifth Report of Receiver pursuant to RCW 48.31.040(5),
22 and state as follows:
23

24 ////

1 1. *Order of Rehabilitation.* On March 6, 2003, this Court entered an Order
2 of Rehabilitation and Appointment of Receiver placing WCC into rehabilitation
3 proceedings pursuant to Chapters 48.31 and 48.99 RCW, and appointing the Statutory
4 Receiver, Receiver, and Deputy Receiver.

5 2. *Accounting to the Court.* RCW 48.31.040(5) and the Order of
6 Rehabilitation require that the Receiver make accountings to the Court not less than
7 semiannually. The semiannual reporting schedule requires a report to be filed in
8 September and March of each year that the receivership is in existence.

9 3. *Financial Report.* Attached hereto as **Exhibit A** is the June 30, 2005,
10 Quarterly Statement of WCC, which was filed with the Office of the Insurance
11 Commissioner. The financial figures are derived from calculations made in accordance
12 with Statutory Accounting Principles ("SAP"). The Insurance Commissioner has
13 adopted regulations promulgating SAP as the accounting treatment to be used by
14 insurance companies transacting business in Washington. RCW 48.05.073; WAC
15 284.07.050.

16 WCC's capital and surplus deficit as of March 31, 2003 was (\$8,850,000). The
17 Company's capital and surplus deficit was (\$8,752,188) as of December 31, 2003. The
18 Company's capital and surplus deficit was (\$8,640,368) as of June 30, 2004. The
19 Company's capital and surplus deficit was (\$8,030,262) as of December 31, 2004. The
20 Company's capital and surplus deficit had been lowered to (\$7,364,663) as of June 30,
21 2005.

1 Liabilities decreased by \$3.45 million as of June 30, 2005. Cash and invested
2 assets decreased \$4.01 million during that same period as a result of paying claims
3 obligations and lowered investment returns. Admitted assets remain sufficient, cash
4 flow remains strong, and all obligations are being paid when due.

5
6 4. *Retention of Policyholders.* Since the implementation of the receivership
7 of Washington Casualty Company (WCC) on March 6, 2003, significant
8 accomplishments have been made to stabilize and expand the policyholder base of
9 WCC. For the initial period of March 6, 2003, through the end of the second quarter of
10 2003, the retention ratio was 56%. This was the period of greatest uncertainty, as the
11 necessity to place WCC into receivership created concern and predatory practices
12 within the Medical Professional Liability market in Washington. For the third quarter
13 of 2003, renewal retention improved to 65%. With the initial periods of uncertainty
14 past, WCC was able to realize exceedingly high retention for the succeeding calendar
15 quarters. In 2004, the company's retention ratio was 95.6%. In the first six months of
16 2005, the Company's retention ratio was 100%.

17
18 The 2005 Business Plan also pointed to development of new accounts, and WCC
19 was successful in attracting one new account during the first six months of 2005. The
20 new account was a healthcare facility that supported several of the hospitals the
21 Company writes.

22
23 WCC will continue efforts to attract previously written accounts in Washington
24 to place their insurance coverage with the Company.

1 5. *Operating Expenses.* WCC has continued to monitor and reduce
2 operating expenses. For the six months ending June 30, 2005, operating expenses were
3 \$953,772, which is a decrease of \$103,653 from the same six-month period in 2004.

4 There are 15 employees at WCC.

5
6 6. *Administration of Claims.*

- 7 • In March 2003, WCC had 432 open claims.
- 8 • As of August 1, 2003, it had 367 open claims.
- 9 • As of December 29, 2003, it had 343 open claims.
- 10 • As of March 11, 2004, it had 309 open claims.
- 11 • As of August 31, 2004, it had 248 open claims.
- 12 • As of December 31, 2004, it had 205 open claims.
- 13 • As of June 30, 2005, it had 169 open claims.

14
15 Efforts to close the Company's open claims, particularly those more than 24-
16 months old, are continuing.

17 7. *Additional Revenues.* In order to secure additional revenues, WCC
18 became the servicing carrier for the Nurse Midwives Joint Underwriting Association in
19 2004. The Association was created pursuant to Chapter 48.87 RCW. A servicing
20 carrier performs policy issue and endorsements to medical malpractice policies written
21 by the Association, the handling of claims arising under Association policies, and the
22 accounting work connected with the Association's financial transactions.
23
24

1 WCC anticipates receiving approximately \$125,000 annually for serving as the Nurse
2 Midwives Joint Underwriting Association servicing carrier.

3 8. *Risk Management Activities.* Washington Casualty Company maintains a
4 Risk Management Department. That department is responsible for assisting WCC's
5 policyholders through on-site visits to identify any medical procedures that need to be
6 revised in order to improve patient safety. The Risk Management Department also
7 provides answers to clients' telephonic and electronic questions pertaining to patient
8 safety. It, as well, provides educational programs for WCC policyholders on medical
9 techniques and updates on standards. In the first six months of 2005, the Risk
10 Management Department made 50 on-site visits to WCC policyholders.
11

12 The Risk Management Department is widely recognized for its technical
13 competence and is an integral part of the reasons WCC insureds transact business with
14 the Company.
15

16 9. *Reinsurance.* Upon the ordering of WCC into Rehabilitation on March 6,
17 2003, the Company's reinsurance carriers either nonrenewed their reinsurance policies
18 insuring WCC, or the renewal premium quotations were so expensive, WCC's
19 policyholders could no longer afford their portion of a renewal premium. WCC entered
20 into an alliance with One Beacon Professional Partners (OBPP). The alliance resulted
21 in WCC writing an accounts' primary coverage while OBPP wrote the excess policy
22 insuring the accounts' higher limits.
23
24

1 Simultaneous with the inauguration of a working agreement with OBPP, WCC
2 commenced a search for reinsurance. On December 1, 2004, a reinsurance policy was
3 issued to WCC covering losses up to \$2 million. Negotiations continue in an attempt to
4 obtain reinsurance covering losses of up to \$5 million for those accounts desiring
5 higher limits.
6

7 Reinsurance companies are hesitant to reinsure a primary company whose
8 financial condition is deteriorating. It is felt by the staff at WCC the reinsurers who
9 quoted to write its account have increasing confidence in WCC's ability to accomplish
10 a successful rehabilitation.

11 10. *Continued Prospects for Rehabilitation.* During the past six months, the
12 efforts to move the Company through rehabilitation have met with continued success.
13 The 100% renewal retention rate for the subsequent days since January 2005 and the
14 addition of new accounts point to the belief in the marketplace that WCC is well on the
15 road to recovery. The expense ratio has remained below budget, the claims count
16 continues to drop, and necessary premium rate increases are being implemented. The
17 Company's consulting actuary has confirmed that the Company's claims loss and
18

19 ////

20 ////

21 ////

22 ////

23 ////

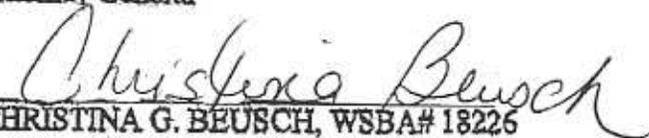
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1 reserves are at appropriate levels. The Company has secured reinsurance to cover
2 significant losses.

3 DATED this 3rd ^{ju} october day of ~~September~~ 2005.

5 
6 _____
7 JOHN WOODALL,
8 Special Deputy Insurance Commissioner, and
9 Deputy Receiver for Washington Casualty Company

9 Presented by:
10 ROB MCKENNA
11 Attorney General

11 
12 _____
13 CHRISTINA G. BEUSCH, WSBA# 18226
14 Assistant Attorney General

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5 Judge Richard A. Strophy

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8 STATE OF WASHINGTON
9 THURSTON COUNTY SUPERIOR COURT

10 MIKE KREIDLER,
11 INSURANCE COMMISSIONER

12 Petitioner,

13 v.

14 WASHINGTON CASUALTY COMPANY,

15 Respondent.

NO. 03-2-00401-1

CERTIFICATE OF SERVICE
OF
FIFTH REPORT OF RECEIVER

16 This will hereby certify that on the 5th day of October, 2005, I mailed true and correct
17 copies of the Receiver's Fifth Report via the United States Mail, first-class postage prepaid, in
18 sealed envelopes, at Olympia, Washington, to the following interested parties:

19 Robert J. Walerius
20 MILLER NASH
21 4400 Two Union Square
22 601 Union Street
23 Seattle, WA 98101-2352
24 *Former Counsel to Washington Casualty Co.*

25 John B. Woodall, Deputy Receiver
Washington Casualty Co. *In Rehabilitation*
6520 226th Place SE, Suite 200
Issaquah, WA 98027

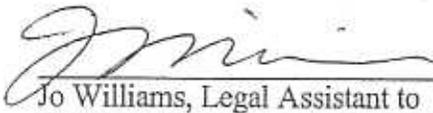
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James Odiorne, Deputy Commissioner
Office of the Insurance Commissioner
P.O. Box 40255
Olympia, WA 98504-0255

Victoria L. Vreeland, WSBA 8046
Gordon Thomas Honeywell
600 University Street, Suite 2100
Seattle, WA 98101-4185

DATED this 5th day of October, 2005.


Jo Williams, Legal Assistant to
Christina G. Beusch, Assistant Attorney General

COPY



QUARTERLY STATEMENT

As of June 30, 2005
of the Condition and Affairs of the

Washington Casualty Company In Rehabilitation

NAIC Company Code..... 42510 Employer's ID Number..... 91-1483910
 State of Domicile or Port of Entry Washington Country of Domicile US
 Commenced Business..... October 1, 1990
 6520 - 226th Place SE, Suite 200..... Issaquah WA 98027-8969
 (Street and Number) (City or Town, State and Zip Code)
 6520 - 226th Place SE, Suite 200..... Issaquah WA 98027-8969
 (Street and Number) (City or Town, State and Zip Code) 425-526-2250
 (Area Code) (Telephone Number)
 6520 - 226th Place SE, Suite 200..... Issaquah WA 98027-8969
 (Street and Number or P. O. Box) (City or Town, State and Zip Code)
 6520 - 226th Place SE, Suite 200..... Issaquah WA 98027-8969
 (Street and Number) (City or Town, State and Zip Code) 425-526-2250
 (Area Code) (Telephone Number)
 wacasualty.com 425-526-2261
 (Name) (Area Code) (Telephone Number) (Extension)
 msalas@wacasualty.com 425-526-2294
 (E-Mail Address) (Fax Number)
 6520 - 226th Place SE, Suite 200..... Issaquah WA 98027-8969
 (Street and Number) (City or Town, State and Zip Code) 425-526-2250
 (Area Code) (Telephone Number) (Extension)

OFFICERS

Name	Title	Name	Title
John Barney Woodall	Deputy Receiver	2. Mark Carroll Hannan III	Secretary
Marc Anthony Mrkvicka	Treasurer	4. Barbara Ann McCarthy #	Vice President Claims
Jan Louise Schultz #	Vice President Risk Mgmt.		

OTHER

DIRECTORS OR TRUSTEES

State of..... Washington
 County of..... King

I, officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures Manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

<u>John B. Woodall</u>	<u>Mark Carroll Hannan III</u>	<u>Marc Anthony Mrkvicka</u>
(Signature)	(Signature)	(Signature)
John Barney Woodall	Mark Carroll Hannan III	Marc Anthony Mrkvicka
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Deputy Receiver	Secretary	Treasurer
(Title)	(Title)	(Title)

I, Nancy J. Miller, being duly sworn, depose and say that I am a Notary Public in and for the State of Washington, and that I have read the foregoing statement and the exhibits thereto, and that the same are true and correct copies of the original statement and exhibits as the same were presented to me by the undersigned.

Witness my hand and seal this 5th day of August 2005.

Nancy J. Miller
 Nancy J. Miller

a. Is this an original filing? Yes [X] No []
 b. If no: 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____



MY APPOINTMENT EXPIRES 09/19/2005



QUARTERLY STATEMENT

As of June 30, 2005
of the Condition and Affairs of the

Washington Casualty Company In Rehabilitation

NAIC Group Code.....	NAIC Company Code..... 42510	Employer's ID Number..... 91-1483910
(Current Period) (Prior Period)		
Organized under the Laws of Washington	State of Domicile or Port of Entry Washington	Country of Domicile US
Incorporated/Organized..... June 21, 1990	Commenced Business..... October 1, 1990	
Statutory Home Office	6520 - 226th Place SE, Suite 200..... Issaquah WA 98027-8969 <i>(Street and Number) (City or Town, State and Zip Code)</i>	
Main Administrative Office	6520 - 226th Place SE, Suite 200..... Issaquah WA 98027-8969 <i>(Street and Number) (City or Town, State and Zip Code)</i>	425-526-2250 <i>(Area Code) (Telephone Number)</i>
Mail Address	6520 - 226th Place SE, Suite 200..... Issaquah WA 98027-8969 <i>(Street and Number or P. O. Box) (City or Town, State and Zip Code)</i>	
Primary Location of Books and Records	6520 - 226th Place SE, Suite 200..... Issaquah WA 98027-8969 <i>(Street and Number) (City or Town, State and Zip Code)</i>	425-526-2250 <i>(Area Code) (Telephone Number)</i>
Internet Website Address	wacasualty.com	
Statutory Statement Contact	Mickey R Salas <i>(Name)</i> msalas@wacasualty.com <i>(E-Mail Address)</i>	425-526-2261 <i>(Area Code) (Telephone Number) (Extension)</i> 425-526-2294 <i>(Fax Number)</i>
Policyowner Relations Contact	6520 - 226th Place SE, Suite 200..... Issaquah WA 98027-8969 <i>(Street and Number) (City or Town, State and Zip Code)</i>	425-526-2250 <i>(Area Code) (Telephone Number) (Extension)</i>

OFFICERS

Name	Title	Name	Title
1. John Barney Woodall	Deputy Receiver	2. Mark Carroll Hannan III	Secretary
3. Marc Anthony Mrkvicka	Treasurer	4. Barbara Ann McCarthy #	Vice President Claims

OTHER

Susan Louise Schultz # Vice President Risk Mgmt

DIRECTORS OR TRUSTEES

State of..... Washington
County of..... King

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

_____ (Signature) John Barney Woodall 1. (Printed Name) Deputy Receiver (Title)	_____ (Signature) Mark Carroll Hannan III 2. (Printed Name) Secretary (Title)	_____ (Signature) Marc Anthony Mrkvicka 3. (Printed Name) Treasurer (Title)
--	--	--

Subscribed and sworn to before me
This _____ day of _____

a. Is this an original filing? Yes [X] No []
b. If no: 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	14,686,631		14,686,631	16,377,136
2. Stocks:				
2.1 Preferred stocks			0	
2.2 Common stocks	2,573,051		2,573,051	2,697,542
3. Mortgage loans on real estate:				
3.1 First liens			0	
3.2 Other than first liens			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances)			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances)			0	
4.3 Properties held for sale (less \$.....0 encumbrances)			0	
5. Cash (\$.....(3,509)), cash equivalents (\$.....0) and short-term investments (\$.....1,868,965)	1,860,475		1,860,475	2,050,539
6. Contract loans (including \$.....0 premium notes)			0	
7. Other invested assets			0	
8. Receivables for securities			0	
9. Aggregate write-ins for invested assets	0	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9)	19,120,157	0	19,120,157	23,125,217
11. Title Plants less \$.....0 charged off (for Title insurers only)			0	
12. Investment income due and accrued	105,345		105,345	133,547
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection	221,828		221,828	17,032
13.2 Deferred premiums, agents' balances and instalments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)	2,865,358		2,865,358	2,189,328
13.3 Accrued retrospective premiums			0	
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers	592,292	1,097	591,195	319,061
14.2 Funds held by or deposited with reinsured companies			0	
14.3 Other amounts receivable under reinsurance contracts			0	
15. Amounts receivable relating to uninsured plans			0	
16.1 Current federal and foreign income tax recoverable and interest thereon	10,000	10,000	0	
16.2 Net deferred tax asset			0	
17. Guaranty funds receivable or on deposit			0	
18. Electronic data processing equipment and software	83,393	38,670	44,723	60,149
19. Furniture and equipment, including health care delivery assets (\$.....0)	5,006	5,006	0	
20. Net adjustment in assets and liabilities due to foreign exchange rates			0	
21. Receivables from parent, subsidiaries and affiliates			0	
22. Health care (\$.....0) and other amounts receivable			0	
23. Aggregate write-ins for other than invested assets	70,097	70,097	0	0
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 through 23)	23,173,476	124,870	23,048,606	25,833,334
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
26. TOTALS (Lines 24 and 25)	23,173,476	124,870	23,048,606	25,833,334

DETAILS OF WRITE-INS

0901			0	
0902			0	
0903			0	
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0
2301. Accounts Receivable	58,000	58,000	0	
2302. Prepaid expenses	12,097	12,097	0	
2303			0	
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	70,097	70,097	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Losses (current accident year \$... 1,604,365).....	18,720,066	23,073,015
2. Reinsurance payable on paid losses and loss adjustment expenses.....		
3. Loss adjustment expenses.....	7,165,596	8,139,067
4. Commissions payable, contingent commissions and other similar charges.....		
5. Other expenses (excluding taxes, licenses and fees).....	1,348,178	119,406
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	42,418	
7.1 Current federal and foreign income taxes (including \$ 0 on realized capital gains (losses)).....		
7.2 Net deferred tax liability.....		
8. Borrowed money \$ 0 and interest thereon \$ 0.....		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ 1,264,545 and including warranty reserves of \$ 0).....	1,932,824	1,706,760
10. Advance premium.....	18,937	
11. Dividends declared and unpaid:		
11.1 Stockholders.....		
11.2 Policyholders.....		
12. Ceded reinsurance premiums payable (net of ceding commissions).....	1,053,595	714,793
13. Funds held by company under reinsurance treaties.....		
14. Amounts withheld or retained by company for account of others.....		
15. Remittances and items not allocated.....		
16. Provision for reinsurance.....	62,000	62,000
17. Net adjustments in assets and liabilities due to foreign exchange rates.....		
18. Drafts outstanding.....		
19. Payable to parent, subsidiaries and affiliates.....		
20. Payable for securities.....		
21. Liability for amounts held under uninsured accident and health plans.....		
22. Capital notes \$ 0 and interest thereon \$ 0.....		
23. Aggregate write-ins for liabilities.....	48,555	48,555
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23).....	30,413,269	33,863,598
25. Protected cell liabilities.....		
26. Total liabilities (Lines 24 and 25).....	30,413,269	33,863,598
27. Aggregate write-ins for special surplus funds.....	0	0
28. Common capital stock.....	3,000,000	3,000,000
29. Preferred capital stock.....		
30. Aggregate write-ins for other than special surplus funds.....	0	0
31. Surplus notes.....		
32. Gross paid in and contributed surplus.....	13,686,237	13,060,227
33. Unassigned funds (surplus).....	(24,030,900)	(24,080,489)
34. Less treasury stock, at cost:		
34.1 0.000 shares common (value included in Line 28 \$ 0).....		
34.2 0.000 shares preferred (value included in Line 29 \$ 0).....		
35. Surplus as regards policyholders (Lines 27 to 33, less 34).....	(7,364,663)	(8,030,262)
36. TOTALS.....	23,048,606	25,833,334

DETAILS OF WRITE-INS

2301. Retro reinsurance premium.....	48,555	48,555
2302. Other deposits.....		
2303.		
2396. Summary of remaining write-ins for Line 23 from overflow page.....	0	0
2399. Totals (Lines 2301 thru 2303 plus 2396) (Line 23 above).....	48,555	48,555
2701.		
2702.		
2703.		
2796. Summary of remaining write-ins for Line 27 from overflow page.....	0	0
2799. Totals (Lines 2701 thru 2703 plus 2796) (Line 27 above).....	0	0
3001.		
3002.		
3003.		
3096. Summary of remaining write-ins for Line 30 from overflow page.....	0	0
3099. Totals (Lines 3001 thru 3003 plus 3096) (Line 30 above).....	0	0

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$.....4,814,486)	3,955,347	3,591,968	6,927,661
1.2 Assumed (written \$.....0)			
1.3 Ceded (written \$.....1,773,109)	1,140,033	517,848	651,172
1.4 Net (written \$.....3,041,377)	2,815,314	3,074,018	6,276,489
DEDUCTIONS:			
2. Losses incurred (current accident year \$.....1,715,663):			
2.1 Direct	2,316,126	4,594,749	(5,887,111)
2.2 Assumed			
2.3 Ceded	1,540,740	1,525,000	(8,328,663)
2.4 Net	775,386	3,069,749	2,441,552
3. Loss expenses incurred	1,594,243	418,804	3,613,460
4. Other underwriting expenses incurred	953,772	1,057,425	2,297,702
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	3,323,401	4,545,978	8,352,714
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(508,087)	(1,471,960)	(2,076,225)
INVESTMENT INCOME			
9. Net investment income earned	259,534	208,366	464,666
10. Net realized capital gains (losses) less capital gains tax of \$.....0	29,952	1,101	23,730
11. Net investment gain (loss) (Lines 9 + 10)	289,486	209,467	488,396
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0)			
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income	123,537	34,305	46,485
15. Total other income (Lines 12 through 14)	123,537	34,305	46,485
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	(95,064)	(1,228,168)	(1,541,344)
17. Dividends to policyholders			
18. Net income after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	(95,064)	(1,228,168)	(1,541,344)
19. Federal and foreign income taxes incurred			
20. Net income (Line 18 minus Line 19) (to Line 22)	(95,064)	(1,228,168)	(1,541,344)
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	(8,030,282)	(8,752,188)	(8,752,188)
GAINS AND (LOSSES) IN SURPLUS			
22. Net income (from Line 20)	(95,064)	(1,228,168)	(1,541,344)
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains or losses less capital gains tax of \$.....0	(34,354)	102,399	305,692
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax			
27. Change in nonadmitted assets	179,007	1,155,530	1,242,208
28. Change in provision for reinsurance			(40,627)
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
Capital changes:			
32.1 Paid in			
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
Surplus adjustments:			
33.1 Paid in	516,010	746,570	1,428,508
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			
36. Change in treasury stock			
37. Aggregate write-ins for gains and losses in surplus	0	(664,511)	(664,511)
38. Change in surplus as regards policyholders (Lines 22 through 37)	665,599	111,820	721,926
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	(7,364,683)	(8,640,368)	(8,030,252)
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0
1401. Lines 23 and 29 from 2000 Annual Statement			
1402. Other income	123,537	34,305	46,484
1403. Realized Capital Loss on Furniture, Fixtures, & Equipment	(334)	11,100	(2,919)
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	123,537	34,305	46,485
3701. Lines 23 and 29 from 2000 Annual Statement			
3702. Extraordinary loss from the settlement of intercompany receivable		(664,511)	(664,511)
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above)	0	(664,511)	(664,511)

Statement for June 30, 2005 of the **Washington Casualty Company In Rehabilitation**
CASH FLOW

	1 Current Year to Date	2 Prior Year Ended December 31
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance	2,519,291	6,918,593
2. Net investment income	351,957	708,362
3. Miscellaneous income	123,537	45,465
4. Total (Lines 1 through 3)	2,994,785	7,673,440
5. Benefit and loss related payments	6,602,566	5,483,736
6. Net transfers to Separate, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	2,230,105	6,549,185
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) \$ 0 net tax on capital gains (losses)		10,000
10. Total (Lines 5 through 9)	7,732,762	12,342,921
11. Net cash from operations (Line 4 minus Line 10)	(4,737,977)	(4,669,481)
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	6,776,740	6,470,177
12.2 Stocks	219,380	390,680
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Lines 12.1 to 12.7)	6,996,120	6,860,857
13. Cost of investments acquired (long-term only):		
13.1 Bonds	3,134,546	4,922,162
13.2 Stocks	115,204	255,999
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications		
13.7 Total investments acquired (Lines 13.1 to 13.6)	3,249,750	9,178,161
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	3,746,370	(2,317,304)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock	516,010	1,428,508
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)	185,533	537,546
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	801,543	1,966,054
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(190,054)	(5,020,731)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	2,050,639	7,071,270
19.2 End of period (Line 18 plus Line 19.1)	1,860,475	2,050,539
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001		
20.9999 Totals	0	0

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

No significant change.

Note 2 - Accounting Changes and Corrections of Errors

No significant change.

Note 3 - Business Combinations and Goodwill

No significant change.

Note 4 - Discontinued Operations

No significant change.

Note 5 - Investments

No significant change.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7 - Investment Income

No significant change.

Note 8 - Derivative Instruments

No significant change.

Note 9 - Income Taxes

No significant change.

Note 10 - Information Concerning Parent, Subsidiaries and Affiliates

No significant change.

Note 11 - Debt

No significant change.

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

No significant change.

Note 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

No significant change.

Note 14 - Contingencies

No significant change.

Note 15 - Leases

No significant change.

NOTES TO FINANCIAL STATEMENTS

Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

No significant change.

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

C. Wash Sales - Not applicable

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

No significant change.

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No significant change.

Note 20 - September 11 Events

No significant change.

Note 21 - Other Items

No significant change.

Note 22 - Events Subsequent

No significant change.

Note 23 - Reinsurance

The company entered into a fully subscribed \$1,000,000 excess of \$1,000,000 excess of loss reinsurance agreement effective February 1, 2005 allowing the company to write policies with limits up to \$2,000,000.

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

No significant change.

Note 25 - Change in Incurred Losses and Loss Adjustment Expenses

No significant change.

Note 26 - Intercompany Pooling Arrangements

No significant change.

Note 27 - Structured Settlements

No significant change.

Note 28 - Health Care Receivables

No significant change.

Note 29 - Participating Policies

No significant change.

NOTES TO FINANCIAL STATEMENTS

Note 30 - Premium Deficiency Reserves

No significant change.

Note 31 - High Deductibles

No significant change.

Note 32 - Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

No significant change.

Note 33 - Asbestos/Environmental Reserves

No significant change.

Note 34 - Subscriber Savings Accounts

No significant change.

Note 35 - Multiple Peril Crop Insurance

No significant change.

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity implement any significant accounting policy changes that would require disclosure in the Notes to the Financial Statements? Yes [] No [X]

1.2 If yes, explain: _____

2.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

2.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

3.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

3.2 If yes, date of change: _____
If not previously filed, furnish herewith a certified copy of the instrument as amended.

4. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
If yes, complete the Schedule Y-Part 1 - Organizational chart.

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

5.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

6. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [] N/A [X]
If yes, attach an explanation.

7.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2004 _____

7.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/1996 _____

7.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 09/08/1996 _____

7.4 By what department or departments?
Office of the Insurance Commissioner, State of Washington

8.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.) Yes [] No [X]

8.2 If yes, give full information: _____

9.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

9.2 If response to 9.1 is yes, please identify the name of the bank holding company.

9.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

9.4 If the response to 9.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)) and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount. _____

INVESTMENT

11.1 Has there been any change in the reporting entity's own preferred or common stock? Yes [] No [X]

11.2 If yes, explain: _____

12.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

12.2 If yes, give full and complete information relating thereto:

13. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0

14. Amount of real estate and mortgages held in short-term investments: \$ 0

15.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

15.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Statement Value
15.21 Bonds.....	\$ 0	\$ 0
15.22 Preferred Stock.....	\$ 0	\$ 0
15.23 Common Stock.....	\$ 0	\$ 0
15.24 Short-Term Investments.....	\$ 0	\$ 0
15.25 Mortgages, Loans or Real Estate.....	\$ 0	\$ 0
15.26 All Other.....	\$ 0	\$ 0
15.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 15.21 to 15.26).....	\$ 0	\$ 0
15.28 Total Investment in Parent included in Lines 15.21 to 15.26 above.....	\$ 0	\$ 0

16.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

16.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []
If no, attach a description with this statement.

17. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1-General, Section IV. H-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Bank of New York Trust Company	Seattle, WA

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation.

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []

18.2 If no, list exceptions:

Statement for June 30, 2005 of the **Washington Casualty Company In Rehabilitation**
GENERAL INTERROGATORIES (continued)

PART 2

PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?
 if yes, attach an explanation. Yes [] No [] N/A [X]

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?
 if yes, attach an explanation. Yes [] No [X]

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No [X]
 3.2 if yes, give full and complete information thereto:

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation liabilities tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero? Yes [] No [X]

4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 Disc. Rate	Total Discount				Discount Taken During Period			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 Total	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 Total
						0				0
Total	.XXX	.XXX	0	0	0	0	0	0	0	0

Statement for June 30, 2005 of the **Washington Casualty Company In Rehabilitation**
SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	
2. Increase (decrease) by adjustment.....		
3. Cost of acquired.....		
4. Cost of additions to and permanent improvements.....		
5. Total profit (loss) on sales.....		
6. Increase (decrease) by foreign exchange adjustment.....		
7. Amount received on sales.....		
8. Book/adjusted carrying value at end of current period.....	0	0
9. Total valuation allowance.....		
10. Subtotal (Lines 8 plus 9).....	0	0
11. Total nonadmitted amounts.....		
12. Statement value, current period (Page 2, real estate lines, net admitted assets column).....	0	0

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year.....	0	
2. Amount loaned during period:		
2.1 Actual cost at time of acquisitions.....		
2.2 Additional investment made after acquisitions.....		
3. Accrual of discount and mortgage interest points and commitment fees.....		
4. Increase (decrease) by adjustment.....		
5. Total profit (loss) on sale.....		
6. Amounts paid on account or in full during the period.....		
7. Amortization of premium.....		
8. Increase (decrease) by foreign exchange adjustment.....		
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period.....	0	0
10. Total valuation allowance.....		
11. Subtotal (Lines 9 plus 10).....	0	0
12. Total nonadmitted amounts.....		
13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, net admitted assets column).....	0	0

SCHEDULE BA - VERIFICATION

Other Invested Assets Included in Schedule BA

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year.....	0	
2. Cost of acquisitions during period:		
2.1 Actual cost at time of acquisitions.....		
2.2 Additional investment made after acquisitions.....		
3. Accrual of discount.....		
4. Increase (decrease) by adjustment.....		
5. Total profit (loss) on sale.....		
6. Amounts paid on account or in full during the period.....		
7. Amortization of premium.....		
8. Increase (decrease) by foreign exchange adjustment.....		
9. Book adjusted/carrying value of long-term invested assets at end of current period.....	0	0
10. Total valuation allowance.....		
11. Subtotal (Lines 9 plus 10).....	0	0
12. Total nonadmitted amounts.....		
13. Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3).....	0	0

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	21,074,677	18,632,032
2. Cost of bonds and stocks acquired.....	3,249,750	9,178,161
3. Accrual of discount.....	4,778	7,242
4. Increase (decrease) by adjustment.....	(34,381)	297,590
5. Increase (decrease) by foreign exchange adjustment.....		
6. Total profit (loss) on disposal.....	29,952	31,831
7. Consideration for bonds and stocks disposed of.....	6,996,120	6,960,857
8. Amortization of premium.....	68,999	211,322
9. Book/adjusted carrying value, current period.....	17,259,655	21,074,677
10. Total valuation allowance.....		
11. Subtotal (Lines 9 plus 10).....	17,259,655	21,074,677
12. Total nonadmitted amounts.....		
13. Statement value.....	17,259,655	21,074,677

Statement for June 30, 2020 of \$46 Washington Casualty Company In Rehabilitation

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1	18,836,465	2,048,562	4,711,363	(25,766)	16,838,465	15,147,917		19,779,023
2. Class 2	410,558			(3,259)	410,558	407,895		414,185
3. Class 3								
4. Class 4								
5. Class 5								
6. Class 6								
7. Total Bonds	19,247,423	2,048,562	4,711,363	(29,025)	16,247,423	16,555,615	0	20,193,208
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	19,247,423	2,048,562	4,711,363	(29,025)	16,247,423	16,555,615	0	20,193,208

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
8299999 Totals.....	1,868,965	XXX	1,868,965	8,665	

SCHEDULE DA - PART 2 - Verification

Short-Term Investments Owned

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	1,816,072	6,508,551
2. Cost of short-term investments acquired.....	1,679,129	4,369,025
3. Increase (decrease) by adjustment.....		(43,913)
4. Increase (decrease) by foreign exchange adjustment.....		
5. Total profit (loss) on disposal of short-term investments.....		
6. Consideration received on disposal of short-term investments.....	1,626,217	9,017,591
7. Book/adjusted carrying value, current period.....	1,868,964	1,816,072
8. Total valuation allowance.....		
9. Subtotal (Lines 7 plus 8).....	1,868,964	1,816,072
10. Total nonadmitted amounts.....		
11. Statement value (Lines 9 minus 10).....	1,868,964	1,816,072
12. Income collected during period.....	14,200	80,944
13. Income earned during period.....	14,200	37,439

Sch. DB-Part F-Section 1
NONE

Sch. DB-Part F-Section 2
NONE

Sch. F
NONE

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Is Insurer Licensed? (Yes or No)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year to Date	3 Prior Year to Date	4 Current Year to Date	5 Prior Year to Date	6 Current Year to Date	7 Prior Year to Date
1. Alabama.....AL	NO						
2. Alaska.....AK	NO						
3. Arizona.....AZ	NO						
4. Arkansas.....AR	NO						
5. California.....CA	NO						
6. Colorado.....CO	NO						
7. Connecticut.....CT	NO						
8. Delaware.....DE	NO						
9. District of Columbia.....DC	NO						
10. Florida.....FL	NO						
11. Georgia.....GA	NO						
12. Hawaii.....HI	NO						
13. Idaho.....ID	YES		41,055	419,240		778,628	2,025,922
14. Illinois.....IL	NO						
15. Indiana.....IN	NO						
16. Iowa.....IA	NO						
17. Kansas.....KS	NO						
18. Kentucky.....KY	NO						
19. Louisiana.....LA	NO						
20. Maine.....ME	NO						
21. Maryland.....MD	NO						
22. Massachusetts.....MA	NO						
23. Michigan.....MI	NO						
24. Minnesota.....MN	NO						
25. Mississippi.....MS	NO						
26. Missouri.....MO	NO						
27. Montana.....MT	YES			97,500		217,534	80,434
28. Nebraska.....NE	NO						
29. Nevada.....NV	YES						
30. New Hampshire.....NH	NO						
31. New Jersey.....NJ	NO						
32. New Mexico.....NM	NO						
33. New York.....NY	NO						
34. North Carolina.....NC	NO						
35. North Dakota.....ND	NO						
36. Ohio.....OH	NO						
37. Oklahoma.....OK	NO						
38. Oregon.....OR	YES	117,703	89,017	35,000	2,025,407	214,213	365,973
39. Pennsylvania.....PA	NO						
40. Rhode Island.....RI	NO						
41. South Carolina.....SC	NO						
42. South Dakota.....SD	NO						
43. Tennessee.....TN	NO						
44. Texas.....TX	NO						
45. Utah.....UT	NO						
46. Vermont.....VT	NO						
47. Virginia.....VA	NO						
48. Washington.....WA	YES	4,696,783	4,135,487	6,187,335	5,332,006	25,486,529	42,217,518
49. West Virginia.....WV	NO						
50. Wisconsin.....WI	NO						
51. Wyoming.....WY	NO						
52. American Samoa.....AS	NO						
53. Guam.....GU	NO						
54. Puerto Rico.....PR	NO						
55. US Virgin Islands.....VI	NO						
56. Canada.....CN	NO						
57. Aggregate Other Alien.....OT	XXX	0	0	0	0	0	0
58. Totals.....(a)	5	4,814,486	4,266,159	6,739,075	7,357,413	26,697,004	44,689,847

DETAILS OF WRITE-INS

5701.....	XXX						
5702.....	XXX						
5703.....	XXX						
5798. Summary of remaining write-ins for Line 57 from overflow page.....	XXX	0	0	0	0	0	0
5799. Totals (Lines 5701 thru 5703 + Line 5798) (Line 57 above).....	XXX	0	0	0	0	0	0

(a) Insert the number of yes responses except for Canada and Other Alien.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Washington Casualty Company In Rehabilitation

PART 1 - LOSS EXPERIENCE

Lines of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire				0.0
2. Allied lines				0.0
3. Farmowners multiple peril				0.0
4. Homeowners multiple peril				0.0
5. Commercial multiple peril				0.0
6. Mortgage guaranty				0.0
8. Ocean marine				0.0
9. Inland marine				0.0
10. Financial guaranty				0.0
11.1. Medical malpractice-occurrence				0.0
11.2. Medical malpractice-claims made	342,763	1,013,147	295.6	1,536.9
12. Earthquake	2,862,646	840,932	29.4	(183.7)
13. Group accident and health				0.0
14. Credit accident and health				0.0
15. Other accident and health				0.0
16. Workers' compensation				0.0
17.1. Other liability-occurrence				0.0
17.2. Other liability-claims made	62,080	212,400	342.1	
18.1. Products liability-occurrence	687,858	249,647	36.3	(265.8)
18.2. Products liability-claims made				0.0
19.1, 19.2. Private passenger auto liability				0.0
19.3, 19.4. Commercial auto liability				0.0
21. Auto physical damage				0.0
22. Aircraft (all perils)				0.0
23. Fidelity				0.0
24. Surety				0.0
26. Burglary and theft				0.0
27. Boiler and machinery				0.0
28. Credit				0.0
29. International				0.0
30. Reinsurance-nonproportional assumed property	XXX	XXX	XXX	XXX
31. Reinsurance-nonproportional assumed liability	XXX	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed financial lines	XXX	XXX	XXX	XXX
33. Aggregate write-ins for other lines of business	0	0	0.0	
34. Totals	3,955,347	2,316,126	58.6	127.9
DETAILS OF WRITE-INS				
3301.				0.0
3302.				0.0
3303.				0.0
3398. Sum. of remaining write-ins for Line 33 from overflow page	0	0	0.0	XXX
3399. Totals (Lines 3301 thru 3303 plus 3398) (Line 33)	0	0	0.0	

PART 2 - DIRECT PREMIUMS WRITTEN

Lines of Business	1	2	3
	Current Quarter	Current Year to Date	Prior Year Year to Date
1. Fire			
2. Allied lines			
3. Farmowners multiple peril			
4. Homeowners multiple peril			
5. Commercial multiple peril			
6. Mortgage guaranty			
8. Ocean marine			
9. Inland marine			
10. Financial guaranty			
11.1. Medical malpractice-occurrence			
11.2. Medical malpractice-claims made	191,025	342,614	708,188
12. Earthquake	1,674,112	3,674,556	2,840,008
13. Group accident and health			
14. Credit accident and health			
15. Other accident and health			
16. Workers' compensation			
17.1. Other liability-occurrence			
17.2. Other liability-claims made	37,628	62,080	
18.1. Products liability-occurrence	368,926	735,236	717,953
18.2. Products liability-claims made			
19.1, 19.2. Private passenger auto liability			
19.3, 19.4. Commercial auto liability			
21. Auto physical damage			
22. Aircraft (all perils)			
23. Fidelity			
24. Surety			
26. Burglary and theft			
27. Boiler and machinery			
28. Credit			
29. International			
30. Reinsurance-nonproportional assumed property	XXX	XXX	XXX
31. Reinsurance-nonproportional assumed liability	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed financial lines	XXX	XXX	XXX
33. Aggregate write-ins for other lines of business	0	0	0
34. Totals	2,471,691	4,814,466	4,266,159
DETAILS OF WRITE-INS			
3301.			
3302.			
3303.			
3398. Sum. of remaining write-ins for Line 33 from overflow page	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398) (Line 33)	0	0	0

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Clear Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2005 Loss and LAE Payments on Claims Reported as of Prior Year-End	2005 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2005 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known LAE Reserves on Claims Reported and Open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reassigned Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	Prior Year-End Known Clear Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 11 + 12)
1. 2002 + Prior	12,782	9,568	22,350	5,545		5,545	8,092		9,066	17,178	855	(482)	373
2. 2003	1,119	2,085	3,204	193		193	785		2,159	2,947	(138)	114	(24)
3. Subtotals 2003 + Prior	13,901	11,653	25,554	5,738	0	5,738	8,877	0	11,285	20,165	717	(368)	348
4. 2004	2,688	2,969	5,657	1,917		1,917	1,441		2,070	3,511	670	(899)	(229)
5. Subtotals 2004 + Prior	16,589	14,622	31,211	7,655	0	7,655	10,321	0	13,355	23,676	1,387	(1,267)	120
6. 2005	XXX	XXX	XXX	XXX	21	21	XXX	438	1,793	2,231	XXX	XXX	XXX
7. Totals	16,589	14,622	31,211	7,655	21	7,676	10,321	438	15,148	25,907	1,387	(1,267)	120
8. Prior Year-End's Surplus As Regards Policyholders	(6,030)												
									8.4% 2			(8.7% 3	0.4%
													Col. 13, Line 7
													Line 8
													4. (1.5%

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?

Response

NO

2. Will Supplement A to Schedule T (Medical Malpractice Supplement) be filed with this statement?

YES

Explanation:

Bar Code:



Overflow Page
NONE

Sch. A-Part 2
NONE

Sch. A-Part 3
NONE

Sch. B-Part 1
NONE

Sch. B-Part 2
NONE

Sch. BA-Part 1
NONE

Sch. BA-Part 2
NONE

SCHEDULE D - PART 3

Show all Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - U.S. Government									
36275D HM 9	GNMA II Pool #081135		05/02/2005	First Empire Securities		375,397	371,221	1,155	1
0096959	Total - Bonds - U.S. Government					375,397	371,221	1,155	XXX
6096957	Total - Bonds - Part 3					375,397	371,221	1,155	XXX
6096959	Total - Bonds					375,397	371,221	1,155	XXX
Common Stocks - Industrial and Miscellaneous									
192300 10 0	Vanguard S&P 500 Index		06/29/2005	Dividend Reinvestment	27,177	2,984	XXX		L
6896959	Total - Common Stocks - Industrial & Miscellaneous					2,984	XXX	0	XXX
7296957	Total - Common Stocks - Part 3					2,984	XXX	0	XXX
7296959	Total - Common Stocks					2,984	XXX	0	XXX
7396959	Total - Preferred and Common Stocks					2,984	XXX	0	XXX
7496959	Total - Bonds, Preferred and Common Stocks					378,381	XXX	1,155	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide the number of such issues.....0.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
CUSIP Identification	Description	Deposited Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Gain/(Loss) (Decrease)	Current Year's (Amortization)/Accrual	Current Year's Temporary Impairment Recognized (1/1/05-12/31/05)	Total Foreign Exchange Change in B.A.C.V. (1/1/05-12/31/05)	Book/Adjusted Carrying Value At Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Cash (Loss) on Disposal	Total Gain (Loss) on Disposal	Interest/Dividends Received During Year	Book/Stock Received During Year	Maturity Date	NAIC Designation or Market Indicator (b)		
31220U	U.S. Government																					
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		17,655	17,655	17,197	17,655	0	487	487	487	17,663	0	0	0	0	0	301	04/20/2014	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		30,635	30,635	31,258	30,635	0	624	624	624	30,653	0	0	0	0	0	799	05/01/2025	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		31,604	31,604	31,243	31,604	0	360	360	360	31,654	0	0	0	0	0	351	01/20/2015	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		30,775	30,775	31,169	30,775	0	392	392	392	31,175	0	0	0	0	0	460	01/20/2015	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		17,822	17,822	17,922	17,822	0	100	100	100	17,822	0	0	0	0	0	254	02/20/2004	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		10,853	10,853	10,754	10,853	0	99	99	99	10,853	0	0	0	0	0	150	02/20/2004	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		33,361	33,361	34,501	33,361	0	1,140	1,140	1,140	33,691	0	0	0	0	0	178	03/20/2004	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		7,437	7,437	7,520	7,437	0	83	83	83	7,460	0	0	0	0	0	41	10/20/2004	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		16,780	16,780	16,843	16,780	0	63	63	63	16,780	0	0	0	0	0	14	03/20/2005	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		10,835	10,835	10,835	10,835	0	0	0	0	10,835	0	0	0	0	0	130	02/20/2004	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		11,925	11,925	11,725	11,925	0	200	200	200	11,925	0	0	0	0	0	148	11/20/2023	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		43,410	43,410	43,210	43,410	0	200	200	200	43,410	0	0	0	0	0	176	02/20/2004	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		28,434	28,434	28,434	28,434	0	0	0	0	28,434	0	0	0	0	0	130	02/20/2004	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		21,973	21,973	21,973	21,973	0	0	0	0	21,973	0	0	0	0	0	154	02/20/2004	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		73,257	73,257	73,257	73,257	0	0	0	0	73,257	0	0	0	0	0	638	10/15/2019	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		51,442	51,442	51,173	51,442	0	269	269	269	51,173	0	0	0	0	0	1,481	05/15/2023	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		70,000	70,000	70,000	70,000	0	0	0	0	70,000	0	0	0	0	0	1,177	06/15/2027	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		1,330,000	1,330,000	1,314,118	1,330,000	0	15,882	15,882	15,882	1,330,000	0	0	0	0	0	23,025	06/15/2005	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		600,000	600,000	598,025	600,000	0	1,975	1,975	1,975	600,000	0	0	0	0	0	1,650	05/15/2017	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		720,000	720,000	717,225	720,000	0	2,775	2,775	2,775	720,000	0	0	0	0	0	4,560	05/20/2025	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		3,854,352	3,854,352	3,852,548	3,854,352	0	1,804	1,804	1,804	3,854,352	0	0	0	0	0	51,500	XXX	XXX	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		21,081	21,081	22,126	21,081	0	1,045	1,045	1,045	21,081	0	0	0	0	0	504	11/01/2007	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		11,209	11,209	11,569	11,209	0	360	360	360	11,209	0	0	0	0	0	258	07/25/2017	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		23,546	23,546	22,811	23,546	0	735	735	735	23,546	0	0	0	0	0	428	01/20/2009	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		37,515	37,515	38,581	37,515	0	1,066	1,066	1,066	37,515	0	0	0	0	0	1,050	02/15/2017	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		93,333	93,333	95,552	93,333	0	2,219	2,219	2,219	93,333	0	0	0	0	0	2,730	XXX	XXX	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		61,937	61,937	64,197	61,937	0	2,260	2,260	2,260	61,937	0	0	0	0	0	2,082	02/10/2010	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		61,937	61,937	64,197	61,937	0	2,260	2,260	2,260	61,937	0	0	0	0	0	2,082	02/10/2010	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		37,821	37,821	39,561	37,821	0	1,740	1,740	1,740	37,821	0	0	0	0	0	1,414	06/10/2020	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		154,201	154,201	154,372	154,201	0	171	171	171	154,372	0	0	0	0	0	3,572	06/10/2026	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		24,428	24,428	24,427	24,428	0	0	0	0	24,428	0	0	0	0	0	304	01/20/2010	IFE	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		216,440	216,440	216,413	216,440	0	26	26	26	216,440	0	0	0	0	0	5,310	XXX	XXX	
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		4,217,163	4,217,163	4,241,410	4,217,163	0	24,247	24,247	24,247	4,241,410	0	0	0	0	0	15,911	15,911	64,123	XXX
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		4,217,163	4,217,163	4,241,410	4,217,163	0	24,247	24,247	24,247	4,241,410	0	0	0	0	0	15,911	15,911	64,123	XXX
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		XXX	XXX	4,241,460	XXX	0	59	59	59	4,241,460	0	0	0	0	0	15,911	15,911	64,123	XXX
31220U	31 Fed Home Lm Reg Cupd Pool #0007	06/15/2005	PRINCIPAL RECEIPT		4,231,563	4,231,563	4,241,460	4,231,563	0	99	99	99	4,231,563	0	0	0	0	0	15,911	15,911	64,123	XXX

(b) For all common stock bearing the NAIC market indicator "U" provided: the number of such issues:..... 0

Sch. DB-Part A-Section 1
NONE

Sch. DB-Part B-Section 1
NONE

Sch. DB-Part C-Section 1
NONE

Sch. DB-Part D-Section 1
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	6 Book Balance at End of Each Month During Current Quarter			9 *
					7 First Month	8 Second Month	9 Third Month	
Open Depositories								
US Bank Cash Management Account.....		variable	2,103		532	1,248,134	1,448	XXX
US Bank General Account.....		zero			1,200	(825,251)	(13,189)	XXX
0199999 Deposits in.....1 depositories that do not exceed the allowable limit in any one depository (see instructions) - Open Depositories	XXX	XXX			5,907	4,588	3,032	XXX
0199999 Total Open Depositories.....	XXX	XXX	2,103	0	7,639	428,481	(8,705)	XXX
0399999 Total Cash on Deposit.....	XXX	XXX	2,103	0	7,639	428,481	(8,705)	XXX
0499999 Cash in Company's Office.....	XXX	XXX	XXX	XXX	200	200	200	XXX
0599999 Total Cash.....	XXX	XXX	2,103	0	7,839	428,681	(8,505)	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned at End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Gross Investment Income

NONE



SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN

Designate the type of health care

providers reported on this page.

Physicians - Including Surgeons and Osteopaths

ALLOCATED BY STATES AND TERRITORIES

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama AL								
2. Alaska AK								
3. Arizona AZ								
4. Arkansas AR								
5. California CA								
6. Colorado CO								
7. Connecticut CT								
8. Delaware DE								
9. District of Columbia DC								
10. Florida FL								
11. Georgia GA								
12. Hawaii HI								
13. Idaho ID					94,723	100,000	1	292,557
14. Illinois IL								
15. Indiana IN								
16. Iowa IA								
17. Kansas KS								
18. Kentucky KY								
19. Louisiana LA								
20. Maine ME								
21. Maryland MD								
22. Massachusetts MA								
23. Michigan MI								
24. Minnesota MN								
25. Mississippi MS								
26. Missouri MO								
27. Montana MT								
28. Nebraska NE								
29. Nevada NV								
30. New Hampshire NH								
31. New Jersey NJ								
32. New Mexico NM								
33. New York NY								
34. North Carolina NC								
35. North Dakota ND								
36. Ohio OH								
37. Oklahoma OK								
38. Oregon OR								
39. Pennsylvania PA								
40. Rhode Island RI								
41. South Carolina SC								
42. South Dakota SD								
43. Tennessee TN								
44. Texas TX								
45. Utah UT								
46. Vermont VT								
47. Virginia VA								
48. Washington WA			4,030,868	17	(339,647)	3,803,750	51	8,608,019
49. West Virginia WV								
50. Wisconsin WI								
51. Wyoming WY								
52. American Samoa AS								
53. Guam GU								
54. Puerto Rico PR								
55. US Virgin Islands VI								
56. Canada CN								
57. Aggregate Other Alien OT	0	0	0	0	0	0	0	0
58. Totals	0	0	4,030,868	17	(244,924)	3,963,750	52	8,668,576

DETAILS OF WRITE-INS

5701.								
5702.								
5703.								
5798.	Summary of remaining write-ins for Line 57 from overflow page.	0	0	0	0	0	0	0
5799.	Totals (Lines 5701 thru 5703 + 5798) (Line 57 above).	0	0	0	0	0	0	0



Designate the type of health care providers reported on this page:

SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ								
4. Arkansas.....AR								
5. California.....CA								
6. Colorado.....CO								
7. Connecticut.....CT								
8. Delaware.....DE								
9. District of Columbia.....DC								
10. Florida.....FL								
11. Georgia.....GA								
12. Hawaii.....HI								
13. Idaho.....ID		18,966	419,240	3	(266,155)	114,760	4	301,311
14. Illinois.....IL								
15. Indiana.....IN								
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY								
19. Louisiana.....LA								
20. Maine.....ME								
21. Maryland.....MD								
22. Massachusetts.....MA								
23. Michigan.....MI								
24. Minnesota.....MN								
25. Mississippi.....MS								
26. Missouri.....MO								
27. Montana.....MT			97,500	2	26,522	10,000	1	26,256
28. Nebraska.....NE								
29. Nevada.....NV								
30. New Hampshire.....NH								
31. New Jersey.....NJ								
32. New Mexico.....NM								
33. New York.....NY								
34. North Carolina.....NC								
35. North Dakota.....ND								
36. Ohio.....OH								
37. Oklahoma.....OK								
38. Oregon.....OR								
39. Pennsylvania.....PA								
40. Rhode Island.....RI								
41. South Carolina.....SC								
42. South Dakota.....SD								
43. Tennessee.....TN								
44. Texas.....TX								
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA								
48. Washington.....WA	2,257,542	1,814,015	720,055	13	3,027,972	2,576,196	58	6,763,972
49. West Virginia.....WV								
50. Wisconsin.....WI								
51. Wyoming.....WY								
52. American Samoa.....AS								
53. Guam.....GU								
54. Puerto Rico.....PR								
55. US Virgin Islands.....VI								
56. Canada.....CN								
57. Aggregate Other Alien.....OT	0	0	0	0	0	0	0	0
58. Totals.....	2,257,542	1,832,981	1,235,795	18	2,788,439	2,700,955	63	7,091,539

DETAILS OF WRITE-INS

5701.								
5702.								
5703.								
5798. Summary of remaining write-ins for Line 57 from overflow page.....	0	0	0	0	0	0	0	0
5799. Totals (Lines 5701 thru 5703 + 5795) (Line 57 above).....	0	0	0	0	0	0	0	0



SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN

Designate the type of health care providers reported on this page.

Other Health Care Professionals, Including Dentists

ALLOCATED BY STATES AND TERRITORIES

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ								
4. Arkansas.....AR								
5. California.....CA								
6. Colorado.....CO								
7. Connecticut.....CT								
8. Delaware.....DE								
9. District of Columbia.....DC								
10. Florida.....FL								
11. Georgia.....GA								
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL								
15. Indiana.....IN								
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY								
19. Louisiana.....LA								
20. Maine.....ME								
21. Maryland.....MD								
22. Massachusetts.....MA								
23. Michigan.....MI								
24. Minnesota.....MN								
25. Mississippi.....MS								
26. Missouri.....MO								
27. Montana.....MT								
28. Nebraska.....NE								
29. Nevada.....NV								
30. New Hampshire.....NH								
31. New Jersey.....NJ								
32. New Mexico.....NM								
33. New York.....NY								
34. North Carolina.....NC								
35. North Dakota.....ND								
36. Ohio.....OH								
37. Oklahoma.....OK								
38. Oregon.....OR								
39. Pennsylvania.....PA								
40. Rhode Island.....RI								
41. South Carolina.....SC								
42. South Dakota.....SD								
43. Tennessee.....TN								
44. Texas.....TX								
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA								
48. Washington.....WA								
49. West Virginia.....WV								
50. Wisconsin.....WI								
51. Wyoming.....WY								
52. American Samoa.....AS								
53. Guam.....GU								
54. Puerto Rico.....PR								
55. US Virgin Islands.....VI								
56. Canada.....CN								
57. Aggregate Other Alien.....OT	0	0	0	0	0	0	0	0
58. Totals.....	0	0	0	0	0	0	0	0

NONE

DETAILS OF WRITE-INS

5701.....								
5702.....								
5703.....								
5799. Summary of remaining write-ins for Line 57 from overflow page	0	0	0	0	0	0	0	0
5799. Totals (Lines 5701 thru 5703 + 5799) (Line 57 above)	0	0	0	0	0	0	0	0



SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Designate the type of health care providers reported on this page.
 Other Health Care Facilities

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama AL								
2. Alaska AK								
3. Arizona AZ								
4. Arkansas AR								
5. California CA								
6. Colorado CO								
7. Connecticut CT								
8. Delaware DE								
9. District of Columbia DC								
10. Florida FL								
11. Georgia GA								
12. Hawaii HI								
13. Idaho ID								
14. Illinois IL								
15. Indiana IN								
16. Iowa IA								
17. Kansas KS								
18. Kentucky KY								
19. Louisiana LA								
20. Maine ME								
21. Maryland MD								
22. Massachusetts MA								
23. Michigan MI								
24. Minnesota MN								
25. Mississippi MS								
26. Missouri MO								
27. Montana MT								
28. Nebraska NE								
29. Nevada NV								
30. New Hampshire NH								
31. New Jersey NJ								
32. New Mexico NM								
33. New York NY								
34. North Carolina NC								
35. North Dakota ND								
36. Ohio OH								
37. Oklahoma OK								
38. Oregon OR	105,933	97,794	35,000	1	(301,092)	75,250	3	138,057
39. Pennsylvania PA								
40. Rhode Island RI								
41. South Carolina SC								
42. South Dakota SD								
43. Tennessee TN								
44. Texas TX								
45. Utah UT								
46. Vermont VT								
47. Virginia VA								
48. Washington WA	1,623,695	1,274,633	1,170,434	8	(388,345)	757,501	22	1,968,077
49. West Virginia WV								
50. Wisconsin WI								
51. Wyoming WY								
52. American Samoa AS								
53. Guam GU								
54. Puerto Rico PR								
55. US Virgin Islands VI								
56. Canada CN								
57. Aggregate Other Alien OT	0	0	0	0	0	0	0	0
58. Totals	1,729,628	1,372,427	1,205,434	9	(689,437)	832,751	25	2,126,134

DETAILS OF WRITE-INS

5701.								
5702.								
5703.								
5798. Summary of remaining write-ins for Line 57 from overflow page	0	0	0	0	0	0	0	0
5799. Totals (Lines 5701 thru 5703 + 5798) (Line 57 above)	0	0	0	0	0	0	0	0

Supplement A to Sch. T
NONE

Overflow Page
NONE